



Public Health
Prevent. Promote. Protect.

Highland County General Health District

1487 North High St. Suite 400, Hillsboro, OH 45133

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VARIANCE REQUEST

Date:		Name of Applicant:	
Property Location:		Township:	
City:		State:	Zip:
Program: <input type="checkbox"/> Body Art (Tattoo and Body OAC 3701-9) <input type="checkbox"/> 3701-25 Resident Camps OAC 3701-25 <input type="checkbox"/> Campgrounds OAC 3701-26 <input type="checkbox"/> Private Water Systems OAC 3701-28 <input type="checkbox"/> Household Sewage Treatment Systems OAC 3701-29 <input type="checkbox"/> Swimming Pools OAC 3701-31 <input type="checkbox"/> State of Ohio Uniform Food Safety Code OAC 3717-1 <input type="checkbox"/> Food Service Operations OAC 3701-21 <input type="checkbox"/> Retail Food Establishment OAC 901:3-4 <input type="checkbox"/> Jail/School/Day Care: <input type="checkbox"/> Nuisance: <input type="checkbox"/> Animal Bite: <input type="checkbox"/> Other: _____		Section of Code: <input type="checkbox"/>	
Reason for the Request:			
Applicant Signature:			
Mailing Address:			
City:		State:	Zip:
Contact Phone:		E-Mail	
Office Use Only Below			
Sanitarian to refer questions to:			
Variance Outcome: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> No Action			
Variance Restrictions/Expiration/Comments:			
Board of Health President Signature:			Date: